PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected be maintenance fee notification		se in Block 1, by (a) specifying a	new co	rrespondence addres	s; and/or (b) indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Customer Number 502570					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Continental Teves, Inc. Attn: Intellectual Property Department One Continental Drive Auburn Hills, MI 48326					Certificate of Mailing or Transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						3/mda CD	(Depositor's name)	
				[Wanda Bland		(Signature)	
				Ĺ		4000	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/584,804	07/16/2007		PETER D			AP10862	3404	
TITLE OF INVENTION: M	ASTER CYLINDER ES	PECIALLY FOR A	CONTROLLE	ED BRA	KE SYSTEM			
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	1510	<u> </u>		300	1810	10/13/2009	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	7		
LAZO, THOMAS E.		3745		060-588	38000			
Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICAL Continental Tevas AG &	ion (or "Fee Address" Indir more recent) attached. U RESIDENCE DATA TO an assignee is identified 37 CFR 3.11. Completio EE CO.	cation form se of a Customer BE PRINTED ON T below, no assignee of this form is NOT (B	or agents O (2) the name registered a 2 registered listed, no nate of the PATENT data will appear a substitute for the PATENCE of the PATENC	OR, alternate of a singular patent a ame will car on the for filing E: (CITY se 7, Fr.	ngle firm (having as or agent) and the nar attorneys or agents. It be printed. type) e patent. If an assig an assignment. and STATE OR COankfurt Germany 60	a member a 2nes of up to fino name is 3 nee is identified below, the do OUNTRY) 0488		
Please check the appropriate					☐ Individual ☐ C	Corporation or other private gro	oup entity \square Government	
				Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
					edit card. Form PTO-2038 is attached.			
<u> </u>					ereby authorized by ober 50257	charge the required fee(s), or one of the contraction of the contracti	credit any overpayment, to opy of this form).	
5. Change in Entity Status	•	ve)				ALL ENTITY status. Sec 37 CI		
	MALL ENTITY status. Se is requested to apply the Is ablication Fee (if required ords of the United States Parts	sue Fee and Publicat will not be accepted	tion Fee (if any I from anyone		· · · · · · · · · · · · · · · · · · ·	ly paid issue fee to the applicat gistered attorney or agent; or th		
Authorized Signature Alunde Mayles Typed or printed name Gerlinde M. Nattler					Date	9/21/09		
Typed or printed name Gerlinde M. Nattler					Registration	1 No. 51272		
This collection of information an application. Confidentialing the completed applications form and/or suggestions Box 1450, Alexandria, Virginal 22313-	plication form to the USF for reducing this burden, nia 22313-1450. DO NOT	.311. The informatio C. 122 and 37 CFR (TO) Time will vary should be sent to the SEND FEES OR C	n is required to 1.14. This colled depending upon the Chief Information COMPLETED	o obtain ection is on the intation Of FORMS	or retain a benefit by estimated to take 12 dividual case. Any e ficer, U.S. Patent and TO THIS ADDRES	the public which is to file (and minutes to complete, includin omments on the amount of tirl Trademark Office, U.S. Departments of the S. SEND TO: Commissioner to	I by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.